

APPENDIX A: CALLING MI AUTHENTICARE

WHEN ALL BENEFICIARIES WERE IN THE FACILITY FOR THE ENTIRE MONTH FOR PERSONAL CARE:

1. Dial the MI AuthentiCare toll-free number **1-877-342-5660**.
2. **Press 1** to select English when prompted. (English is the only option at this time.)
3. You will be asked if you want to check in, check out, or hear a list of provider options. **Press 3** for "Provider Options."
4. You will be asked to enter your Provider ID. **Enter your 7-digit provider ID.**
5. You will be asked to enter your PIN. **Enter your 5-digit PIN.**
6. **Press 1** to file adult foster care claims when prompted.
7. You will be asked to **enter the pay begin date**. The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).
8. You will be asked to **enter the pay end date**. The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).
9. You will be asked to select a service. **Press 1** for "Personal Care Service."
10. You will be asked if you would like to select another service. **Press 2** for "no."
11. The system will begin to read back the names of the beneficiaries authorized to receive care in your facility. The message will say: "If the beneficiary is (name) and you provided personal care, press 1. To hear another name on the list, press 2. To enter a beneficiary ID, press 9. **Press 1** for each beneficiary the system reads back to you.
12. The system will advise you that your invoices have been saved. To hear a brief summary of the number of invoices created, press 1. To review the invoices in detail, press 2.
13. You will be asked to press 1 to return to the main menu or press 2 to end the call. **Press 2.**

WHEN BENEFICIARIES WERE IN THE FACILITY FOR DIFFERENT TIME PERIODS DURING THE MONTH FOR PERSONAL CARE:

You can enter claims for different time periods in the same phone call to MI AuthentiCare by following these steps.

1. Have the beneficiary name, beneficiary ID, and date range of service for each beneficiary ready when you call.
2. Enter the date range (it does not matter which date range you choose first), select the service, and select the client from the list read back to you (or choose to enter their beneficiary ID).
3. After the system reads back to you the overview of the claims you entered, **press 1** to return to the main menu.
4. Follow the directions in steps 2 and 3 until you have entered all the claims for the date ranges and services you provided. When you are done, **press 2** to end the call.

FOR QUESTIONS/PROBLEMS, CONTACT MEDICAID PROVIDER INQUIRY AT 1-800-292-2550.

WHEN A BENEFICIARY IS NOT INCLUDED IN THE LIST OF NAMES FOR PERSONAL CARE:

If a beneficiary's name is not read back in step 11, continue to follow steps 12 through 23 below.

1. Dial the MI AuthentiCare toll-free number **1-877-342-5660**.
2. **Press 1** to select English (English is the only option at this time).
3. You will be asked if you want to check in, check out, or hear a list of provider options. **Press 3** for "Provider Options."
4. You will be asked to enter your Provider ID. **Enter your 7-digit provider ID.**
5. You will be asked to enter your PIN. **Enter your 5-digit PIN.**
6. **Press 1** to file adult foster care claims when prompted.
7. You will be asked to **enter the pay begin date**. The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).
8. You will be asked to **enter the pay end date**. The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).
9. You will be asked to select a service. **Press 1** for "Personal Care Service."
10. You will be asked if you would like to select another service. **Press 2** for "no."
11. The system will begin to read back the names of the beneficiaries authorized to receive care in your facility. The message will say: "If the beneficiary is (name) and you provided personal care, press 1. To hear another name on the list, press 2. To enter a beneficiary ID, press 9. **Press 1** for each beneficiary the system reads back to you. **Make note of any beneficiary names missing from the list.**
12. The system will advise you that your invoices have been saved. To hear a brief summary of the number of invoices created, press 1. To review the invoices in detail, press 2.
13. You will be asked to press 1 to return to the main menu or to press 2 to end the call. **Press 1.**
14. The system will prompt you to press 1 to enter adult foster care claims. **Press 1.**
15. You will be asked to **enter the pay begin date**. The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).
16. You will be asked to **enter the pay end date**. The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).
17. You will be asked to select a service. **Press 1** for "Personal Care Service."
18. You will be asked if you would like to select another service. **Press 2** for "no."
19. The system will begin to read back the names of the beneficiaries authorized to receive care in your facility. The message will say: "If the beneficiary is (name) and you provided personal care, press 1. To hear another name on the list, press 2. To enter a beneficiary ID, press 9. **Press 9** to enter the beneficiary ID for the person who was not on the list.
20. The system will prompt you to enter the 8-digit beneficiary ID. **Enter the beneficiary ID missing from the list in step 11.**
21. The system will allow you to enter another beneficiary ID by pressing 1 or to continue the call by pressing 2. **Press 1 to enter another ID, or press 2 if only one beneficiary was missing from the list.**
22. The system will advise you that your invoices have been saved. To hear a brief summary of the number of invoices created, press 1. To review the invoices in detail, press 2.
23. You will be asked to press 1 to return to the main menu or press 2 to end the call. **Press 2.**

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WHEN A BENEFICIARY RECEIVING PERSONAL CARE LEAVES THE FACILITY DURING THE MONTH:

1. Dial the MI AuthentiCare toll-free number **1-877-342-5660**.
2. **Press 1** to select English (English is the only option at this time).
3. You will be asked if you want to check in, check out, or hear a list of provider options. **Press 3** for "Provider Options."
4. You will be asked to enter your Provider ID. **Enter your 7-digit provider ID.**
5. You will be asked to enter your PIN. **Enter your 5-digit PIN.**
6. **Press 1** to file adult foster care claims when prompted.
7. You will be asked to **enter the pay begin date**. The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).
8. You will be asked to **enter the pay end date**. The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).
9. You will be asked to select a service. **Choose the service you wish to create the claim for:** Personal Care or SDA.
10. You will be asked if you would like to select another service. **Press 2 for "no" or choose an additional service** if you are reimbursed for both Personal Care and SDA room and board.
11. The system will begin to read back the names of the beneficiaries authorized to receive care in your facility. The message will say: "If the beneficiary is (name) and you provided (service), press 1. To hear another name on the list, press 2. To enter a beneficiary ID, press 9. **Press 9** to enter the beneficiary ID for the person who left your facility during the month.
12. The system will prompt you to enter the 8-digit beneficiary ID. **Enter the beneficiary ID.**
13. The system will allow you to enter another beneficiary ID by pressing 1 or to continue the call by pressing 2. **Press 2.**
14. The system will advise you that your invoices have been saved. To hear a brief summary of the number of invoices created, press 1. To review the invoices in detail, press 2.
15. You will be asked to press 1 to return to the main menu or press 2 to end the call. **Press 2.**

WHEN A BENEFICIARY RECEIVES PERSONAL CARE AND SDA ROOM AND BOARD:

1. Dial the MI AuthentiCare toll-free number **1-877-342-5660**.
2. **Press 1** to select English (English is the only option at this time).
3. You will be asked if you want to check in, check out, or hear a list of provider options. **Press 3** for "Provider Options."
4. You will be asked to enter your Provider ID. **Enter your 7-digit provider ID.**
5. You will be asked to enter your PIN. **Enter your 5-digit PIN.**
6. **Press 1** to file claims when prompted.
7. You will be asked to **enter the pay begin date**. The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).
8. You will be asked to **enter the pay end date**. The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).
9. You will be asked to select a service. **Press 1** for "Personal Care Service."

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10. You will be asked if you would like to select another service. **Press 1** for "yes."
11. You will be asked to select a service. **Press 1** for "SDA."
12. The system will begin to read back the names of the beneficiaries authorized to receive care in your facility. The message will say: "If the beneficiary is (name) and you provided (SDA or Personal Care), press 1. To hear another name on the list, press 2. To enter a beneficiary ID, press 9. **Press 9** to enter the beneficiary ID for the person who receives both SDA and Personal Care services.
13. The system will prompt you to enter the 8-digit beneficiary ID. **Enter the beneficiary ID.**
14. The system will allow you to enter another beneficiary ID by pressing 1 or to continue the call by pressing 2. **Press 2.**
15. The system will advise you that your invoices have been saved. To hear a brief summary of the number of invoices created, press 1. To review the invoices in detail, press 2.
16. You will be asked to press 1 to return to the main menu or press 2 to end the call. **Press 2.**

WHEN A BENEFICIARY IS ON SPENDDOWN:

1. **Determine the date the beneficiary became eligible for Medicaid** by calling MediFax. *You must know the date of eligibility to file a claim using MI AuthentiCare.* If you create a claim for the entire month, the claim will be rejected by Model Payments System (MPS) and you will not receive payment.
2. Dial the MI AuthentiCare toll-free number **1-877-342-5660.**
3. Press 1 to select English (English is the only option at this time).
4. You will be asked if you want to check in, check out, or hear a list of provider options. **Press 3** for "Provider Options."
5. You will be asked to enter your Provider ID. **Enter your 7-digit provider ID.**
6. You will be asked to enter your PIN. **Enter your 5-digit PIN.**
7. **Press 1** to file claims when prompted.
8. You will be asked to **enter the pay begin date.** Enter the date the beneficiary became Medicaid eligible. The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).
9. You will be asked to **enter the pay end date.** The date must be 2-digit month, 2-digit day and 4-digit year (MMDDYYYY).
10. You will be asked to select a service. **Press 1** for "Personal Care Service."
11. You will be asked if you would like to select another service. **Press 1** for "yes."
12. You will be asked to select a service. **Press 1** for "SDA."
13. The system will begin to read back the names of the beneficiaries authorized to receive care in your facility. The message will say: "If the beneficiary is (name) and you provided Personal Care, press 1. To hear another name on the list, press 2. To enter a beneficiary ID, press 9. **Press 9** to enter the beneficiary ID for the person who receives both SDA and Personal Care services.
14. The system will prompt you to enter the 8-digit beneficiary ID. **Enter the beneficiary ID.**
15. The system will allow you to enter another beneficiary ID by pressing 1 or to continue the call by pressing 2. **Press 2.**
16. The system will advise you that your invoices have been saved. To hear a brief summary of the number of invoices created, press 1. To review the invoices in detail, press 2.
17. You will be asked to press 1 to return to the main menu or to press 2 to end the call. **Press 2.**

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